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|---|---|--|---|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)               |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>39C0001076</b>                       | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>00</u><br>B. WING: _____                                   |                          | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>03/21/2023</b> |
| NAME OF PROVIDER OR SUPPLIER:<br><b>PHILADELPHIA SURGI CENTER, INC.</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>9500 ROOSEVELT BOULEVARD<br/>PHILADELPHIA, PA 19115</b> |   |                          |   |
| STATE LICENSE NUMBER: <b>10781500</b>                                   |   |  |   |                          |   |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY<br>MUST BE PRECEDED BY FULL REGULATORY OR LSC<br>IDENTIFYING INFORMATION)  | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH<br>CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |   |
| S 0000  | <p>INITIAL COMMENT</p> <p>This report is the result of an unannounced Re-visit Survey conducted on March 21, 2023, and completed March 31, 2023, at Philadelphia Surgi Center following a full State Licensure survey conducted on October 13, 2022, and completed November 1, 2022. It was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.</p> | S 0000   |   |                          |   |

(X6) DATE:



# Certified End Page

**PHILADELPHIA SURGI CENTER, INC.**

**STATE LICENSE NUMBER: 10781500**

**SURVEY EXIT DATE: 03/21/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY